B21000000452

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 081208 4709638

AUTHORIZATION :

COST LIMIT : \$/1,000.00

ORDER DATE: October 6, 2021

ORDER TIME : 10:06 AM

ORDER NO. : 081208-005

CUSTOMER NO: 4709638

FOREIGN FILINGS

NAME: NORTHLAND FUND VI, L.P.

XXXX QUALIFICATION (TYPE: LP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER:

Tallahassee, FL 32314

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Northland Fund VI L.P.				
	rtnership or Limit	ted Liability Limited Partnership		
The enclosed application, certificate of status and partnership to transact business in Florida. Please return all correspondence concerning this		d to register a foreign limited partnership or limited liability limited		
Amy Carchedi				
Contact Person				
Northland Investment Corporation				
Firm/Company				
2150 Washington Street				
Address				
Newton, Massachusetts 02462				
City, State and Zip Code		_		
acarchedi@northland.com				
E-mail address: (to be used for future annual re	port notification)			
For further information concerning this matter, pl	ease cail:			
Amy Carchedi	at (_\ 630-7227		
Name of Contact Person	Area Coc	de and Daytime Telephone Number		
Enclosed is a check for the following amount:				
□\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee) □\$1,008.75 Filing Fee and Certificate of Status		Filing Fees [S1,061.25 Filing Fee, Gertified Copy and Certificate of Status]		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

Acceptable Limited Pa	nited Partnership or Limited Liability urtnership suffixes: Limited Partnership,	y Limited Partnership, which must include suffix), Limited, L.P., LP, or Ltd. nited Liability Limited Partnership, L.L.L.P. or LLLP.	~	
If name unavailable,		ip or limited liability limited partnership proposes to remust contain acceptable suffix.	- egister	to transact
, Delaware		, 8/20/2015		
- ·	e or Country of Formation	Date of Formation	-	
4. Federal Employer	Identification Number. 30-0884311			
	d Agent for Service of Process and Flo	orida Street Address:		
Corporation Service	Company			
1201 Hays Street				
Tallahassee, FL 323	301			
	ive to the proper and complete performation served agent.	tree to act in this capacity. I further agree to comply vance of my duties, and I am familiar with and accept the full of the content of Registered Agent		
7. Principal Office:		8. Mailing Address:		
2150 Washington St		2150 Washington Street		
Newton, Massachus	setts 02462	Newton, Massachusetts 02462	:30 (2)	••
9. If limited partners	thip is a limited liability limited partne	ership, check box.	-6 V#	
10. Name, principal o	office address, and mailing address of	each general partner:	7:	
Name of General I	Partner: Northland Fund IV Partners L	LC Name of General Partner:	29	
Street Address: 2	2150 Washington Street	Street Address:		
1	Newton, Massachusetts 02462	<u></u>		
Mailing Address:_		Mailing Address:		
Name of General F	Partner:	Name of General Partner:		
Street Address:		Street Address:		
		Mailing Address:		

Certified Copy (optional):

Certificate of Status (optional):

Page 1 of 2

Name of General Partner:	Name of General Partner:
	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does no document's effective date on the Department of 12. Attached is a certificate of existence duly a	ling: In 90 days after the date this document is filed by the Florida Department of State.) In eet the applicable statutory filing requirements, this date will not be listed as the f State's records. State's records. Other channels of the delivery of this application to the f State or other official having custody of the entity's records in the jurisdiction under
Signed this 5th day of 0	.20 <u>21</u>
— The individual signing this document affirms t	Signature of a general partner Beth Kinsley, Assistant Secretary of Northland Fund VI Partners LLC at the facts stated herein are true and the individual is aware that false information state constitutes a third degree felony as provided for in s.817.155, F.S.
Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Page 2 of 2

\$52.50

\$8.75

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NORTHLAND FUND VI, L.P." IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SIXTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NORTHLAND FUND VI, L.P." WAS FORMED ON THE TWENTIETH DAY OF AUGUST, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 204337267

Date: 10-06-21